

|   |   |   |                   |  |                             |
|---|---|---|-------------------|--|-----------------------------|
| AO 435<br>(Rev. 04/18)  |   | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS |                   | <b>FOR COURT USE ONLY</b>  |                             |
| <b>TRANSCRIPT ORDER</b>   |   |   |                   | <b>DUE DATE:</b>   |                             |
| <i>Please Read Instructions:</i>  |   |   |                   |  |                             |
| 1. NAME<br><b>Alex Boota</b>  |   | 2. PHONE NUMBER<br><b>(202) 756-8998</b>          |                   | 3. DATE<br><b>2/7/2022</b>                                       |                             |
| 4. DELIVERY ADDRESS OR EMAIL<br><b>aboota@mwe.com</b>   |   | 5. CITY<br><b>Washington</b>                      |                   | 6. STATE<br><b>DC</b>  | 7. ZIP CODE<br><b>20001</b> |
| 8. CASE NUMBER<br><b>6:21-cv-00425</b>  | 9. JUDGE<br><b>Kernodle</b>   | DATES OF PROCEEDINGS                              |                   |  |                             |
|   |   | 10. FROM <b>2/4/2022</b>                          |                   | 11. TO <b>2/4/2022</b>   |                             |
| 12. CASE NAME<br><b>Texas Medical Assoc. v. U.S. Dept of Health &amp; Human Services</b>                        |   | LOCATION OF PROCEEDINGS                           |                   |  |                             |
|   |   | 13. CITY <b>Tyler</b>                             |                   | 14. STATE <b>TX</b>  |                             |
| 15. ORDER FOR   |   |   |                   |  |                             |
| <input type="checkbox"/> APPEAL   |   | <input type="checkbox"/> CRIMINAL                 |                   | <input type="checkbox"/> CRIMINAL JUSTICE ACT                    |                             |
| <input type="checkbox"/> NON-APPEAL   |   | <input checked="" type="checkbox"/> CIVIL         |                   | <input type="checkbox"/> BANKRUPTCY                              |                             |
|   |   | <input type="checkbox"/> IN FORMA PAUPERIS        |                   | <input type="checkbox"/> OTHER                                   |                             |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)    |   |   |                   |  |                             |
| PORTIONS  |   | DATE(S)   |                   | PORTION(S)   |                             |
| <input type="checkbox"/> VOIR DIRE  |   |   |                   | <input type="checkbox"/> TESTIMONY (Specify Witness)             |                             |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)  |   |   |                   |  |                             |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)  |   |   |                   |  |                             |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)   |   |   |                   | <input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |                             |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)   |   |   |                   | <b>February 4, 2022</b>  |                             |
| <input type="checkbox"/> OPINION OF COURT   |   |   |                   | <b>Hearing on Summary Judgment</b>                               |                             |
| <input type="checkbox"/> JURY INSTRUCTIONS  |   |   |                   | <input type="checkbox"/> OTHER (Specify)                         |                             |
| <input type="checkbox"/> SENTENCING   |   |   |                   |  |                             |
| <input type="checkbox"/> BAIL HEARING   |   |   |                   |  |                             |
| 17. ORDER   |   |   |                   |  |                             |
| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY  | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE  | COSTS                       |
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| REALTIME  | <input type="checkbox"/>  | <input type="checkbox"/>                          |                   |  |                             |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges (deposit plus additional). |   |   |                   | ESTIMATE TOTAL   | <b>0.00</b>                 |
| 18. SIGNATURE<br><b>/s/ Alex Boota</b>  |   |   |                   | PROCESSED BY   |                             |
| 19. DATE<br><b>2/7/2022</b>   |   |   |                   | PHONE NUMBER   |                             |
| TRANSCRIPT TO BE PREPARED BY  |   |   |                   | COURT ADDRESS  |                             |
|   |   | DATE  | BY                |  |                             |
| ORDER RECEIVED  |   |   |                   |  |                             |
| DEPOSIT PAID  |   |   |                   | DEPOSIT PAID   |                             |
| TRANSCRIPT ORDERED  |   |   |                   | TOTAL CHARGES  | <b>0.00</b>                 |
| TRANSCRIPT RECEIVED   |   |   |                   | LESS DEPOSIT   | <b>0.00</b>                 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT   |   |   |                   | TOTAL REFUNDED   |                             |
| PARTY RECEIVED TRANSCRIPT   |   |   |                   | TOTAL DUE  | <b>0.00</b>                 |

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